

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040758

FILED VS OCT 25 1960 332

Registration District No. 332 Primary Registration District No. 4496 Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) Shelbyville		Length of stay in 1b 30 Days		c. CITY OR TOWN Clarence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Rest Home				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Alma Last Sumpter				4. DATE OF DEATH Month Oct Day 8th Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 8 Days 20		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home Making		11. BIRTHPLACE (City and state or country) Shelby Co Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lorenzo Hambleton		13b. MOTHER'S MAIDEN NAME Jane Johnson		14. NAME OF HUSBAND OR WIFE Omev Sumpter Deced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT Linnes Sumpter Dearborn Mich			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanoma of Liver DUE TO (b) Melanoma of right lower leg DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 mos 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY 	STATE
21. I attended the deceased from OCT. 4, 1958 to OCT. 1, 1960 and last saw her alive on OCT. 1, 1960 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. L. Edrington D.O.		(Degree or title)		22b. ADDRESS Clarence Mo.		22c. DATE SIGNED 10-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/11/1960		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) 5 So Clarence Mo	
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo		25. DATE RECD. BY LOCAL REG. 10-18-1960		26. REGISTRAR'S SIGNATURE Rda Harrison	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry A. Barker

Licensed Embalmer No. 3835

P. O. Address Shelburne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.